

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-MAY-2016</b>		TIME <b>13:27:00</b>	2. ADDRESS OF OCCURRENCE <b>6712 S STONY ISLAND AVE CHICAGO, IL 60637</b>				3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>0332</b>																																													
MEMBER INVOLVED  <input type="checkbox"/> DNA  SUBJECT INFORMATION	5. POSITION <b>9161</b>	6. LAST NAME <b>GARLINGTON</b>	7. FIRST NAME <b>CONWAY L</b>	8. STAR NO. <b>4553</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE <b>507</b>	12. HT. <b>227</b>	13. WT. <b>507</b>																																													
	14. DATE OF APPT. <b>13-DEC-1999</b>	15. EMPLOYEE NO. <b>003</b>	16. UNIT & BEAT OF ASSIGNMENT <b>003</b>	17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																
	20. LAST NAME <b>UNKNOWN</b>		21. FIRST NAME <b>UNKNOWN</b>	22. M.I. <b></b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b></b>	26. HT. <b>603</b>	27. WT. <b>265</b>																																													
	28. ADDRESS <b>UNKNOWN CHICAGO, IL</b>			29. TELEPHONE NO. <b></b>	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																														
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b></b>			34. BY WHOM? <b></b>	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																	
	36. CHARGES PLACED <b></b>					<input type="checkbox"/> DNA	37. CB NO. <b></b>	IR NO. <b></b>	<input type="checkbox"/> DNA																																													
	<table border="1"> <thead> <tr> <th colspan="2">38. SUBJECT'S ACTIONS</th> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAILANT:ASSAULT</th> <th colspan="2">ASSAILANT:BATTERY</th> <th colspan="2">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/></td> <td>WEAPON <input checked="" type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2"> <b>MEMBER'S RESPONSE</b>            MEMBER PRESENCE <input checked="" type="checkbox"/>            VERBAL COMMANDS <input checked="" type="checkbox"/>            ESCORT HOLDS <input type="checkbox"/>            WRISTLOCK <input type="checkbox"/>            ARMBAR <input type="checkbox"/>            PRESSURE SENSITIVE AREAS <input type="checkbox"/>            CONTROL INSTRUMENT <input type="checkbox"/>            OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           OPEN HAND STRIKE <input type="checkbox"/>            TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>            OC CHEMICAL WEAPON <input type="checkbox"/>            CANINE <input type="checkbox"/>            TASER (Probe Discharge) <input type="checkbox"/>            TASER (Contact Stun) <input type="checkbox"/>            TASER (Spark Displayed) <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           ELBOW STRIKE <input type="checkbox"/>            CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>            IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           KNEE STRIKE <input type="checkbox"/>            KICKS <input type="checkbox"/>            IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           FIREARM <input checked="" type="checkbox"/>            OTHER <u>ANNOUNCED OFFICE</u> </td> </tr> </tbody> </table>										38. SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	FLED <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>	OTHER _____	OTHER _____			<b>MEMBER'S RESPONSE</b> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER <u>ANNOUNCED OFFICE</u>									
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39. WEAPON DISCHARGE INCIDENT <b></b>					40. ADDITIONAL INFORMATION <b>ASSAILANT'S WEAPON: .9MM SEMI-AUTOMATIC. END.</b>																																																	
POSITION			STAR NO.	UNIT	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>																																														
49. TASER DART ID NO. <b>CLF5268</b>			50. WEAPON SERIAL No. (Include Letters) <b>CLF5268</b>		51. CHICAGO GUN REG. NO. <b>635489</b>	52. IL FIREARM OWNER ID. NO. <b>44031719</b>	53. HANDGUN CERTIFICATE NO. <b></b>																																															
54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>.38 CAL +P</b>	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	58. TOTAL NO. OF SHOTS MEMBER FIRED <b>5</b>																																															
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER			60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED <b>5</b>	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)																																																
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>SPEED LOADER</b>		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>HOLSTER</b>					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																	
<b>70. EVENT NO.</b> <b>1614608551</b>																																																						
<b>71. R.D. NO.</b> <b>HZ279172</b>																																																						
72. CASE INFO.  NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																						
<b>73. REPORTING MEMBER (Print Name)</b> <b>GARLINGTON, CONWAY L</b> <b>25-MAY-2016 18:17:58</b>																																																						
STAR/EMPLOYEE NO. <b>4553</b> <b>11345</b> <b>SIGNATURE</b> <b>PC0U284</b>																																																						
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																																						
<b>74. REVIEWING SUPERVISOR (Print Name)</b> <b>DURHAM, SHENETTA R</b> STAR NO. <b>1803</b> <b>SIGNATURE</b> DATE REVIEWED <b>25-MAY-2016 18:19:56</b> TIME																																																						

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by Area Central Detectives. Based on the facts available at this time, it is the preliminary finding that Officer Garlington acted in compliance with Department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1080614 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**PENA, MARIA C**

SIGNATURE



DATE COMPLETED

TIME

**25-MAY-2016 18:29:15**

79. TOTAL TRR's THIS EVENT No.

**1**